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TO: Assistant Commissioner for Patents  
Washington, D.C. 20231

ATTENTION: Examiner J. RUSSEL Art Unit: 1654  
FAX NO.: 703-872-9307  
PAGES: 16 (including cover page)  
DATE: August 29, 2003  
Applicant Docket No.: 213.1079CIP3

We are transmitting herewith papers for filing in:

Re: Application of: Greenwald, et al.  
Serial No.: 09/758,993  
Filed: January 12, 2001  
For: TETRAPARTATE PRODRUGS

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AUG 29 2003

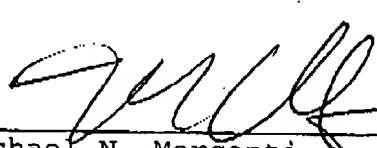
Please find enclosed an Amendment (14 pages) and Amendment transmittal letter (1 page).

This transmission was sent from (973) 621-0774. If you have any problems with your reception, please telephone the sender at (973) 621-0660.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this Amendment with Appendix and Amendment Transmittal Letter, is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

OFFICIAL

  
Michael N. Mercanti


33,966

REG. NO.

August 29, 2003

DATE

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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				<b>Docket No.</b> 213.1079-CIP3	
Applicant(s): Greenwald, et al.					
<b>Serial No.</b> 09/758,993	<b>Filing Dat</b> 01/12/2001	<b>Examiner</b> Russel, J.E.		<b>Group Art Unit</b> 1654	
Invention: TETRAPARTATE PRODRUGS					
<b>TO THE COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	<b>CLAIMS REMAINING AFTER AMENDMENT</b>	<b>HIGHEST # PREV. PAID FOR</b>	<b>NUMBER EXTRA CLAIMS PRESENT</b>	<b>RATE</b>	<b>ADDITIONAL FEE</b>
TOTAL CLAIMS	35 -	37 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	5 -	5 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
 <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-2275 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: August 29, 2003		<b>RECEIVED CENTRAL FAX CENTER</b>  AUG 29 2003
Michael N. Mercanti Reg. No. 33,966 MUSERLIAN, LUCAS & MERCANTI, LLP 600 Third Avenue New York, NY 10016 Phone: 212-661-8000 Fax: 212-661-8002			<b>OFFICIAL</b>		
CC:					
			<div>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div> <div style="text-align:center">_____ Signature of Person Mailing Correspondence</div> <div style="text-align:center">_____ Typed or Printed Name of Person Mailing Correspondence</div>		

P11LARGE/REV09